

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN

JASON CANTRELL #397429,

Plaintiff,

NO. 1:18-cv-1163

v

HON. GORDON J. QUIST

MICHIGAN DEPARTMENT OF
CORRECTIONS, *et al.*,

MAG. PHILLIP J. GREEN

Defendants.

Exhibit R

Class I Misconduct Hearing Report
Charge: Assault & Battery (2015)
Date: 8/19/2017

MICHIGAN DEPARTMENT OF CORRECTIONS

CLASS I MISCONDUCT HEARING REPORT

Prisoner 397429	Prisoner Name Cantrell	Facility Code IBC	Lock 8-27	Violation Date 08/19/2017
Charge(s) Assault and Battery (2015)				
If Charge Changed by Hearing Officer			Plea <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	
Misconduct Report Read to and Discussed with Prisoner <input checked="" type="checkbox"/> (check if applies)			No Hearing Investigation Requested <input type="checkbox"/> (check if applies)	
Hearing Investigation Read to and Discussed with Prisoner <input checked="" type="checkbox"/> (check if applies)				
EVIDENCE/STATEMENTS IN ADDITION TO MISCONDUCT REPORT				
<p>I began the hearing by viewing a video outside of prisoner's presence. The video shows four officers escorting prisoner on the wing. As prisoner and the officers step down the stairs, one of the officers loses his balance. After reaching the bottom of the stairs and the staff are escorting prisoner, one of the officers places his foot under prisoner, tripping him. Staff and prisoner go to the floor. The video and video statement are marked confidential for security purposes. Prisoner present. Video summarized. All documents are one page unless otherwise noted. Misconduct Report, Hearing Investigation Report, including prisoner's statement to the hearing investigator, Misconduct Sanction Screening Form, read to and discussed with prisoner.</p> <p>ORAL STATEMENT FROM PRISONER AT HEARING: I was going with the motion. I did not do anything wrong. I told prisoner the decision, sanction and dates prior to his leaving the hearing room.</p> <p>DUE PROCESS: It is noted that the reporter placed an incorrect prisoner number on the Misconduct Report. I find this to be harmless clerical error.</p>				
REASONS FOR FINDINGS				
<p>PD 03.03.105 defines assault and battery as an intentional, non-consensual touching of another person done either in anger or with the purpose of abusing or injuring another; physical resistance or physical interference with an employee. Injury is not necessary but contact is. The reporter says that while he was escorting prisoner, prisoner pulled away at the top of the stairs, causing the reporter to lose his balance. Prisoner continued to tense his body and resist staff escort to gain control. Prisoner continued to resist while he was on the floor. The video shows the reporter lose his footing, but it is not clear that prisoner at any time tenses up. Prisoner's explanation of the event, that he was just going with the motion, also is consistent with the video. Three other staff members were present, but their statements were not submitted to determine the veracity of the reporter or of prisoner. Without such statements of verification, I am not convinced that prisoner physically resisted or interfered with an employee. In addition, the Misconduct Report and the video do not indicate that prisoner's action was a non-consensual touching of another person done either in anger or with the purpose of abusing or injuring another.</p>				
PROPERTY DISPOSITION (for contraband see PD 04.07.112)				
FINDINGS				
Charge No. 1	<input checked="" type="checkbox"/> Guilty	<input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code 008
Charge No. 2	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 3	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 4	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
DISPOSITION (select one or more) (Toplock & LOP Sanctions End at 6:00 am)				
Begins		Ends		
_____ Days of Detention	_____	_____	_____	_____ Days Credit
_____ Days Top Lock	_____	_____	_____	_____ Hours Extra Duty
_____ Days Loss of Privileges	_____	_____	_____ \$	_____ Restitution
Misconduct Hearing Report personally handed to Prisoner by Hearing Officer on this date: _____ (Check if Applies) <input type="checkbox"/>			Hearing Report given to Staff Member by Hearing Officer for Delivery to Prisoner this date: 8/23/2017 (Check if Applies) <input checked="" type="checkbox"/>	
Date of Hearing 08/23/2017			Name of Staff Member Hi Novak	
Hearing Officer's Name S. Burke 053		Hearing Officer's Signature <i>S. Burke</i>		Date 8-23-17

DISTRIBUTION Record Office, Central Office File, Prisoner, Counselor File, Hearing Investigator

8/29

8-27

MICHIGAN DEPARTMENT OF CORRECTIONS
MISCONDUCT REPORTCSJ-228
10/10 4835-3228

Prisoner Number: 397428	Prisoner Name: Cantrell	Facility Code: IBC	Lock: 2-246 B	Violation Date: 8-19-17
Time and Place of Violation: 2015 Housing Unit 2 B Upper		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input type="checkbox"/> N/A		
Misconduct Class: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		Charge(s): Assault and Battery (Staff Victim)		
Describe Violation (If contraband involved, describe in detail; Identify any other employee witnesses): While Escorting Prisoner Cantrell #397428 From 2-246 B to Housing Unit B He pulled away At the top of the stairs causing me to lose my Balance. Prisoner Cantrell Continued to tense his Body and Resist our Efforts to gain control. Prisoner Cantrell was placed on the ground, given orders to Stop Resisting. Prisoner Cantrell continued to Resist. We gained control of Prisoner Cantrell and Finished the Escort to Housing Unit B. ID by State ID & Huz Count Board.				
Reporting Staff Member's Name (Print): Heilig		Reporting Staff Member's Signature: 		Date and Time Written: 8-19-17 2111
REVIEW				
Location/Verification/Condition of Evidence: /				
Elevated to Class I at review: <input type="checkbox"/> No <input type="checkbox"/> Yes		If "yes", explain reason:		
COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT				
Status Pending Hearing: <input type="checkbox"/> Bond <input checked="" type="checkbox"/> Segregation <input type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other				
Reason if Non-Bond: <input checked="" type="checkbox"/> Non-Bond List <input type="checkbox"/> Bond Revoked (must give reason)				
Date and Time Given this Status: 8-19-17 2120		Who Notified in Housing Unit of Status: 40 Johnson		
Hearing Investigator Requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Witnesses Requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Relevant Documents Requested? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list:		
Additional Comments:		Prisoner Waives 24 Hour Notice of Hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes Hearing Date: 8-21-2017		
Reviewing Officer's Name (Print): Lt. S. Gilbert		Reviewing Officer's Signature: 		Review Date and Time: 8-19-17 2130
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input checked="" type="checkbox"/> Prisoner refused to sign. Copy given to prisoner.		Prisoner's Signature: 		Date:
WAIVER OF CLASS II OR III HEARING				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature:		Date:
SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)				
Days Toplock	Begins: _____	Ends: _____	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
Days Loss of Privileges	Begins: _____	Ends: _____	<input type="checkbox"/> \$ _____ Restitution (Class II only)	
Hours Extra Duty	Begins: _____	Ends: _____		
Property Disposition If Applicable: _____				
Employee Accepting Plea and Imposing Sanction (Print):		Employee's Signature:		Date:
Hearing Investigator's Name (Print):		Hearing Investigator's Signature:		Date:

CAJ-681
REV. 2/90
4835-0681MICHIGAN DEPARTMENT OF CORRECTIONS
HEARING INVESTIGATION REPORT

Number: 397429	Name: Cantrell	Date Seen: 8/21/2017	Time Seen:
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PRISONER'S STATEMENT: "I didn't do anything. I was walking with them and Heilig just kind of tripped down the stairs. There were four of them and one of me so there was not much room left on the stairs. Heilig just sort of tripped, he didn't fall and I didn't push or pull him. We got to the bottom of the stairs and they just tripped me and jumped on me for no reason. I was walking and doing what they wanted. "

WITNESSES REQUESTED: ☐ Yes ☐ No

1. _____ 2. _____
3. _____ 4. _____

QUESTIONS TO STAFF WITNESSES: _____

The facility is requesting the attached video be made confidential due to security concerns. I certify the video is an accurate copy made from the original recording.

Signature:

B. MA

Date:

8/22/2017

Video Summary

Re: 397429 Cantrell

Date: 8/19/17

Location: Unit 2

A group of officers is escorting Cantrell down the stairs in unit 2. I do not know who any of the officers are, they are not listed on the misconduct report, and no witness statements were provided. While coming down the stairs officer Heilig slips and loses his footing. Once on base one of the unknown officers trips Cantrell and the whole group ends on the floor, with the officers on top of Cantrell.

CONFIDENTIAL
PER H.O. from 033
DATE 8-23-17

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-330
Rev. 10/10**MISCONDUCT SANCTION SCREENING FORM**

Prisoner Number 397428	Prisoner Name CANTRELL	Facility IBC	Request Date 8/21/17
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This form is to be completed by the Hearing Investigator for each of the following, unless the prisoner is receiving inpatient mental health services or receiving mental health services through any residential treatment program or the Secure Status Outpatient Treatment Program. (Mark box which applies.)

☐ Prisoner is receiving special education services - refer to Principal.

☐ Prisoner is on an outpatient corrections mental health services active caseload - refer to QMHP.

☒ Prisoner is being confined in temporary segregation pending misconduct hearing. See below.

TO BE COMPLETED ONLY FOR PRISONERS IN TEMPORARY SEGREGATION PENDING MISCONDUCT HEARING

Refer to QMHP if any of the following apply:

- Prisoner answers "yes" to question no. 7
- Prisoner answers "yes" to question no. 8
- Prisoner answers "yes" to at least 2 of the other questions (questions 1 - 6)
- Prisoner exhibits behavior or speech suggestive of a mental disability or for any other reason believed necessary

NOTE: If prisoner answers yes to any question, explain in "General Comments" section. If prisoner will not answer a question or says s/he does not know the answer, do not check a box; instead explain in "General Comments" section why prisoner did not answer.

Question	No	Yes	General Comments
1. Do you <u>currently</u> believe that someone other than you is in control of your mind or thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you <u>currently</u> believe that other people know your thoughts and can read your mind?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you <u>currently</u> lost or gained as much as 2 pounds a week over the last several weeks without even trying?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you or others noticed that you are <u>currently</u> much more active than you usually are?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you <u>currently</u> feel like you have to talk or move more slowly than you usually do?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have there <u>currentiv</u> been a few weeks when you felt like you were useless or a terrible person?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you <u>currently</u> receiving medication or other mental health treatment from the Outpatient Mental Health Team?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever been admitted to a hospital overnight or longer for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>	

Screeners' Comments/Impressions (Optional)

☐ Language barrier ☐ Difficulty understanding questions ☐ Non-cooperative (explain) ☐ Other (explain)

REFERRAL DETERMINATION

☐ Referred to QMHP and/or Principal for completion of CSJ-331 "Misconduct Sanction Assessment"; attach copy of Misconduct Report.

☒ Not referred.

Screeners' Name (printed) B. NOVAK	Screeners' Signature <i>B. Novak</i>	Date 8/21/2017
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